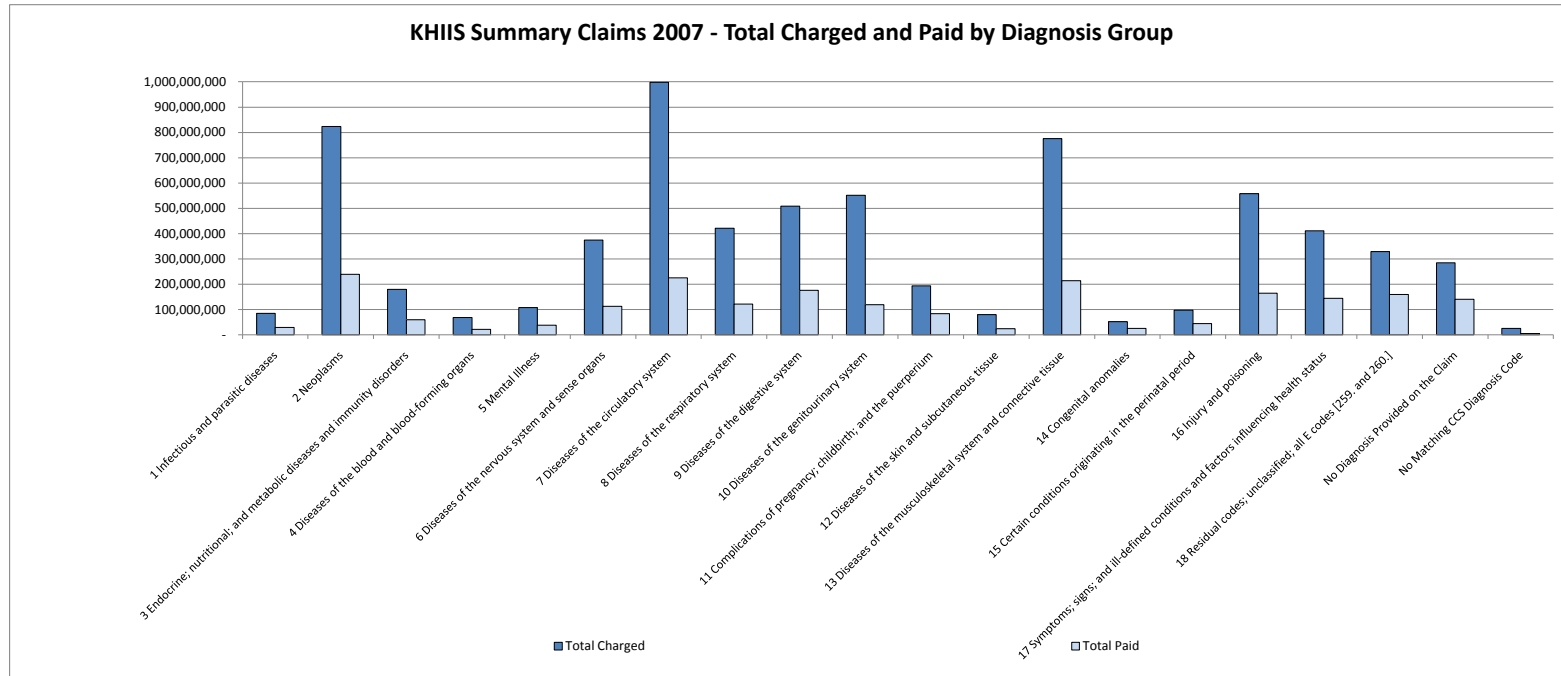


**KHIIS Claims Summary By Diagnosis Group - 2007 (e)**  
**Developmental Draft - Not for Reporting Purposes**



**KHIIS Claims Summary by Diagnosis Group - 2007**

	Total Charged	Total Paid	Claim Count
1 Infectious and parasitic diseases	84,464,108.84	28,692,549.50	291,752
2 Neoplasms	824,066,649.28	238,654,737.52	547,034
3 Endocrine; nutritional; and metabolic diseases and immunity disorders	180,111,328.06	59,230,329.68	590,852
4 Diseases of the blood and blood-forming organs	68,259,628.96	21,869,820.45	78,169
5 Mental Illness	107,171,639.26	38,475,054.20	371,136
6 Diseases of the nervous system and sense organs	374,267,000.54	112,076,590.76	943,903
7 Diseases of the circulatory system	997,703,783.78	225,586,353.25	971,810
8 Diseases of the respiratory system	420,883,622.31	121,380,329.73	1,148,874
9 Diseases of the digestive system	508,779,447.13	175,945,648.08	740,771
10 Diseases of the genitourinary system	551,860,280.76	118,564,916.91	574,432
11 Complications of pregnancy; childbirth; and the puerperium	193,798,433.91	83,765,432.30	179,027
12 Diseases of the skin and subcutaneous tissue	79,490,412.10	24,684,603.15	280,847
13 Diseases of the musculoskeletal system and connective tissue	775,545,102.17	214,001,635.39	1,665,181
14 Congenital anomalies	52,342,024.88	25,666,075.30	27,234
15 Certain conditions originating in the perinatal period	97,184,800.00	44,582,622.63	39,447
16 Injury and poisoning	557,788,492.61	164,624,478.62	638,434
17 Symptoms; signs; and ill-defined conditions and factors influencing health status	410,683,766.83	144,553,178.32	1,283,158
18 Residual codes; unclassified; all E codes [259. and 260.]	328,380,977.11	160,037,305.79	2,702,938
No Diagnosis Provided on the Claim	284,831,287.43	140,721,879.18	3,081,034
No Matching CCS Diagnosis Code	25,225,694.75	4,942,874.71	55,604

**NOTES:**

(a) The KHIIS claims validation process uses a five percent threshold to determine whether a data submission may be rejected. If data errors exceed five percent of the total submission the carrier may be asked to resubmit the data set.

One set of validations includes checks for age/gender appropriate diagnoses codes as well as valid diagnosis for the claim type. During 2007, 117 claims records were submitted with pregnancy or perinatal type diagnoses for claimants 65 and over. These records have been excluded from the data presented above as they appear to be in error and below the threshold established for presenting data (see footnote (c)).

(b) Records which do not contain a diagnosis are largely prescription drug claims. For the 2007 data, 3,013,985 of the 3,081,034 "No Diagnosis Provided" claims, or 97.8 percent, were for prescription drugs.

(c) Any diagnosis group which contained less than 1,000 instances was rolled into a larger group, displayed directly above the Total line for each category.

(d) The diagnostic groups are from the H-CUP (Healthcare Cost and Utilization Project) Clinical Classifications Software used by the Agency for Healthcare Research and Quality.

(e) The claim count and dollar values represented here are for services incurred in 2007. Claim selection was based on claims with a total charge and total allowed greater than zero and total paid greater than or equal to zero to eliminate negative adjustments and resubmissions. While we did make every effort to eliminate duplicated claims, there may be duplications in this dataset as some companies will use different claim numbers when they reprocess claims rather than correcting the original claim number.